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ABSTRACT

This guide documents cost effective methods of providing community-based alternative court intervention services to youth. The service program was designed to assist adolescent status offenders and their families in resolving the underlying problems which bring the youths to the attention of the juvenile system. A Family Crisis Intervention Center is described which focuses on family crisis intervention, the volunteer staff qualifications, recruitments and training, client intake, therapy session procedures and management information for adapting the model. Appendices provide an organization flow chart, complete job description qualifications, contact person information, and case study examples. Although the model was designed to be geographically specific, it can serve as a model elsewhere. (Author/BMW)

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FAMILY CRISIS INTERVENTION PROGRAM

CLARK COUNTY, WASHINGTON

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FORWARD

Each year, thousands of youth who have committed no criminal offense are placed in jails and correctional institutions. Countless numbers of status offenders (i.e., runaways, incorrigibles, etc.) and non-offenders (dependent and neglected children) are held in detention facilities which not only do little to meet their true needs, but, in fact, inhibit their potential for positive personal growth. Moreover, they are often placed in direct contact with adult offenders who further contribute to the physical and psychological abuse being experienced by these youth.

Many individuals responsible for the secure placement of status offenders and non-offenders attempt to justify these actions by claiming that the development of community based alternatives is expensive and not effective. In response to these contentions, the Office of Juvenile Justice and Delinquency Prevention (OJJDP) funded twenty-six programs to test and demonstrate different approaches to such problems. Our intention was to document cost effective methods of providing services to youth.

The Family Crisis Intervention Program of the Clark County Deinstitutionalization of Status Offenders Project is one such method. The Family Crisis Intervention Program is offered in hopes that it will assist decision-makers and concerned citizens in providing sound and more humane programs for young persons.

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PREFACE

One of the most pressing and persistent challenges of the juvenile justice system centers on the issue of what to do with status offenders -- young people who are adjudicated for actions (such as running away, truancy, and incorrigibility) which would not be considered illegal if performed by an adult. Due primarily to a shortage of available alternatives to incarceration, status offenders have traditionally been treated by police and the courts in much the same way as juvenile delinquents. In thousands of cases across the nation, these young people have been incarcerated in juvenile detention facilities and adult jails -- even though they have not been charged with committing a criminal offense.

In recognition of this problem, Congress passed the Juvenile Justice and Delinquency Prevention Act of 1974, which requires states to deinstitutionalize status offenders as a prerequisite to receiving juvenile justice funds. In addition, Congress mandated that the Office of Juvenile Justice and Delinquency Prevention (OJJDP) place "special emphasis" on finding ways in which to deinstitutionalize these youth and to provide meaningful alternative services for them.

In response to the legislation, OJJDP funded a number of demonstration efforts designed to remove status offenders from the auspices of the juvenile justice system and place them into community based programs which are better equipped to meet the needs of this population. To support this initiative, OJJDP subsequently awarded a contract to the National Office for Social Responsibility (NOSR) to provide technical

assistance to programs in pursuit of these goals. NOSR was additionally requested to identify and document components of projects which are exemplary in meeting the stated objectives of the program and OJJDP. The Family Crisis Intervention Unit of the Clark County Deinstitutionalization of Status Offenders program is such a component. Designed to assist status offenders and their families in resolving problems which form the underlying causes of the youth's actions, this unit has proven itself exemplary by the following criteria: ability to deliver needed services to status offenders and their families in times of emotional crisis; success at achieving its stated goals and objectives; innovativeness in terms of concept and operation; and transferability to other programs and integrated in a similar approach.

The following pages present the conceptual foundation, key features, functional characteristics, and operating concerns of the Clark County Crisis Intervention Unit. This document is intended to assist juvenile justice system and community planners in developing similar approaches to the problems of the status offender.

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SECTION I: CLARK COUNTY VOLUNTEER
FAMILY CRISIS INTERVENTION COMPONENT

INTRODUCTION

This publication describes a volunteer Family Crisis Intervention Component of a Deinstitutionalization Program, currently being implemented in Clark County, Washington. The program is administered by the Clark County Probation Department. The Family Crisis Intervention component, staffed by volunteers, is a service available to status offenders who have had minimal contact with the juvenile court system. Clark County is a medium-sized metropolitan area which faces problems similar to those encountered by juvenile courts across the country in their efforts to divert status offenders from the system and possible incarceration. The Clark County Probation Department has developed a comprehensive network of services to respond to the dictates of the Juvenile Justice and Delinquency Prevention Act of 1974. The Family Crisis Intervention component was selected for discussion because it is innovative, transferable to other locations, cost-effective, and is implemented with substantial volunteer staff support.

FAMILY CRISIS INTERVENTION

Family therapy, as it is practiced today, is a relatively new treatment method which had its beginnings during the mid-1950's. During the thirty to forty years prior to that time, the field was dominated by

psychoanalytic approaches to helping young people with emotional problems. This approach emphasized working with the individual and tended to exclude other significant persons. In order to safeguard the personal privacy of the patient-therapist relationship and prevent contamination of the transference phenomena, contact with other important persons in the client's life was discouraged. As a result, in most mental health agencies, one therapist worked with the client and other therapists counseled members of the family. Over the years, this individual approach exerted an influence on many social service agencies including the juvenile court.

In the Clark County Juvenile Court, the traditional method of intervention had been individual counseling. Generally, large caseloads prevented probation officers from trying other intensive therapeutic approaches. However, in recent years, the family has become a more important consideration in helping the youngster referred to the court system. Finding a method that would be beneficial to the youngsters and the families referred to the court and fit into the busy schedule of the court setting was difficult. These conditions led to the development of the Family Crisis Intervention method.

The Family Crisis Intervention method is based on two central premises:

- I. MOST ADOLESCENTS AND THEIR FAMILIES REFERRED TO THE JUVENILE COURT ARE IN THE STATE OF CRISIS AND THE CRISIS CAN BE A VALUABLE OPPORTUNITY FOR PROMOTING GROWTH AND CHANGE LEADING TO THE RESOLUTION OF PERSONAL AND FAMILY PROBLEMS.
- II. THE PROBLEMS EXPERIENCED BY THE ADOLESCENTS REFERRED TO THE JUVENILE COURT ARE FAMILY PROBLEMS AND NOT SOLELY THE PROBLEMS OF THE ADOLESCENT.

Adolescents referred to the juvenile court for status offenses are experiencing a personal crisis in their ability to function in the world around them. The crisis is expressed through a variety of dysfunctional behaviors which, in the court system, are categorized as "being beyond parental control." These may include running away from home, school misconduct and failure, or curfew violations. In many instances, this behavior may stem from the inability of the adolescent to tolerate

living with a dysfunctional family system. Jay Haley supports this notion in a paper entitled "Approaches to Family Therapy". He indicates, "The more experienced therapist sees the family system as needing some individual to express the psychopathology of the system."¹ This notion is also supported by Nathan W. Ackerman who states, "The misbehavior of the adolescent may be regarded as a symptom of chronic pathology in the whole family. The adolescent acts as a kind of carrier of the germs of the conflict in the family."² Accordingly, in order to resolve the crisis effectively and to deal with the young person's problem behavior, the total family should be included in the treatment process.

Research has established that many individuals are open to growth and change during periods of crisis.³ They tend to be less defensive and more open to suggestions and change. Consequently, the crisis that an adolescent and his family are experiencing can become a valuable opportunity for positive intervention. Most of the adolescents and families that are referred to the juvenile court would not seek assistance for problems unless they were in a state of crisis. Realizing that the crisis period may be the only opportunity to have an impact on changing family functioning, an effective treatment method that capitalizes on the crisis is crucial for problem resolution.

Family therapy is generally a very expensive effort. Variations are found in the number of therapists, in the length of treatment sessions, and in the duration of treatment. The prospect of dealing with such a costly process was not viewed as the most viable demonstration program to submit for federal funding.

¹ Haley, Jay, editor, Changing Families: A Family Therapy Reader, 1971, Chapter 17, Approaches to Family Therapy, by Jay Haley.

² Ackerman, Nathan, W., editor, Family Process, Basic Books, Inc., 1970, Chapter 6, Adolescent Problems; A Symptom of Family Disorder, by Nathan W. Ackerman, Page 87.

³ Parbonne, A., "Crisis: A Review of Theory, Practice, and Research." Psychotherapy: Theory, Research and Practice, Vol. 4, No. 2, May 1967, pp. 4956.

IMPLEMENTATION WITH VOLUNTEERS

The solution was to suggest, as a small component of the discretionary grant from the OJJDP, that five to six teams of volunteers be trained in the theoretical and practical aspects of family therapy and then used in "multiple impact"⁴ fashion in treating families.

At first, the solution did not appear to be so unique. The Clark County Juvenile Court has operated a successful volunteer program since July, 1974. Over seventy-five citizen volunteers from all walks of life were working with court-identified youngsters. If volunteers were successful on a one-to-one basis, they could be trained to help families in crisis. A practical problem was determining how to implement this approach. Volunteers could not be expected to provide professional, ongoing therapeutic intervention. The model developed was a shortened version of MacGregor's Multiple Impact Therapy.⁵ Clark County project designers were suggesting therapy sessions for a five to six hour duration. The MacGregor model involved two and one half days of treatment with follow-up by professional staff. Sessions of this duration in the Clark County Juvenile Court were incompatible with volunteer and family schedules. Accordingly, the MacGregor model was adapted to use volunteers as multiple helpers over one five to six hour treatment session. The expected result would involve a resolution of personal problems and reduction in subsequent court referrals for the adolescents of families referred for Family Crisis Intervention.

As a major innovation, the shortened version required substantial modifications in the approach. Major emphasis is placed on an assessment of the ability of the family to function without ongoing court assistance. Team members focus on the identified family problems that relate to the crisis that brought the family to court. Although other family problems may surface, they are not generally the focus of the session. Suggestions are made to the family for resolution of other problem areas at the conclusion of the session.

⁴ MacGregor, Robert, et al, Multiple Impact Theory with Families, McGraw-Hill, 1964.

⁵ MacGregor, op cit.

Team members seek to portray effective methods of communicating feelings and attitudes and actively teach family members to communicate appropriately as a way of changing dysfunctional behavior. The session's closure occurs by setting of specific assignments. The family is told that, "This business is not over, but you now have some tools to assist you in working out your problems.

SECTION II: THE VOLUNTEER STAFF -- QUALIFICATIONS,
RECRUITMENT, SCREENING, AND TRAINING

The volunteer Family Crisis Intervention component consists of twenty-four volunteers who are organized in teams ranging in size from four to seven therapists, depending on the number of family members. The volunteers are formally under the supervision of a full-time volunteer coordinator employed by the juvenile court. Functionally, however, they work under the technical direction of a crisis counselor, responsible for the provision of direct services to status offenders who have been referred to the court not more than three times. (See Appendix A for an organization Chart.) In the Clark County model, status offenders with less than four contacts with the court are eligible for the Family Crisis Intervention service if they and their families voluntarily agree to participate.

VOLUNTEER QUALIFICATIONS

The types of volunteer qualifications sought by Clark County for its Family Crisis Intervention component are specialized and critical to the outcome of the project. To qualify for this project, volunteers are required to demonstrate prior experience in counseling or substantial exposure to counseling concepts. Warmth, empathy, and an ability to listen actively are necessary attributes. Volunteers must be willing and able to make a substantial time commitment to the program, maintain strict confidentiality, and work effectively in a group setting. (See Appendix B for a Volunteer Job Description.)

Because volunteers are matched with family members in multiple impact therapy, a mix of sexes, backgrounds, and ages is desired. Currently, volunteers in Clark County's Family Crisis Intervention component range in age from twenty-one to sixty, and include a minister with marital counseling skills, a retired dean of women, and a variety of other official and informal caregivers united in their mature outlook, ability to control their own lives successfully, sensitivity, and highly developed interpersonal skills.

RECRUITMENT

The Clark County Juvenile Court has an ongoing volunteer unit staffed by a volunteer coordinator and secretary. Since the court has used volunteers in a variety of functions (tutoring children in detention, providing recreational opportunities to probationers, and so on), a resource pool was available for the Family Crisis component. It was tapped by the coordinator who knows each volunteer's background and skills. In systems without a pre-established volunteer unit, recruitment can be effectively facilitated by contacting traditional counseling sources such as churches and synagogues, social service agencies, school guidance departments, and graduate schools of social work. In addition, recruiters can place advertisements in counseling-oriented journals and newsletters, and approach court, health and welfare personnel for suggestions. In Clark County, recruitment was exceptionally easy -- more qualified volunteers applied than could be placed.

SCREENING

Once recruited, the volunteers are screened by the coordinator in an hour-long interview. During this period the coordinator is reflective. The objective is to let the candidates do most of the talking and encourage them to reveal why they want to become involved in the Family Crisis component. The coordinator looks for qualities of empathy and warmth and tries to detect if the volunteer is domineering, manipulative, or has inappropriate motives for involvement in the program. During the screening process the time commitment is explained and the intensive training program is described. Since the training is expensive, volunteers are asked to give a minimum of six to twelve months service.

In addition to the interview, the volunteer coordinator conducts a reference check on each applicant. Although the process is time-consuming, stringent selection criteria are necessary and vital to the success of the program.

Due to the careful process of recruitment, screening and training, no volunteers have dropped out of the Clark County project to date. The program has more volunteers than team openings. This level of commitment is attributed to: 1) The volunteers' motivation to meet the needs of families in crisis, and 2) Ongoing interaction with juvenile court staff.

VOLUNTEER TRAINING

Because of the technical expertise necessary to instruct students in Multiple Impact Theory and methods and the need to train volunteers rapidly, Clark County employed an experienced trainer on a consultant basis to design and conduct the volunteer training programs. Juvenile court staff and the volunteer coordinator had worked extensively with the trainer in the past. He had conducted a multiple impact therapy session with court staff as a demonstration of that technique a few years earlier. This consultant was familiar with court procedures, aware of available community resources, and knowledgeable about the needs of the target community. In addition, the trainer lived and worked in a nearby city and could be conveniently contacted for additional consultation or problems.

For the actual training, volunteers were divided into five teams each of which received twenty hours of intensive training as follows:

- presentation and discussion of theoretical material -- four hours
- team building -- four hours
- working with two status offenders and their families -- twelve hours

The first hour of training focuses on helping team members to become better acquainted with one another, professionally and personally. Thus, familiarity is necessary for continued healthy team functioning.

The next three hours provides presentation and discussion of theoretical material regarding family therapy, crisis counseling, the team method approach in working with families in crisis, and the application of specific skills and techniques during family sessions. The team method approach used in the training is a modified version of Multiple Impact Family Therapy.

The next six hours of training is spent working with a status offender and his family. Four hours of training is scheduled for the following week in which the team and trainer debrief the previous week's session and continue working on team building.

During the last six hours of training, the team works with another family. After the training is completed, the two crisis counselors provide follow-up assistance with continued team building and scheduling the team for additional family sessions.

ONGOING TRAINING

The training curriculum for the Volunteer Family Crisis Intervention program is designed to be easily transferable. Accordingly, a decision was made to use the first team of volunteers as a core group who would assume responsibility for training new volunteers after training funds had been exhausted. Because the project is just one year old, the inhouse volunteer training concept has not yet been tested. In the event that transfer training is not feasible, however, the cost of the training package is modest enough to permit ongoing county support -- especially if the family therapy service continues to prove effective in reducing recidivism.

SECTION III: CLIENT INTAKE AND MULTIPLE IMPACT THERAPY SESSION PROCEDURES

CLIENT INTAKE PROCESS

Most clients referred to the crisis counselor are runaways brought by the police to the detention center where the counselor is located. When the police bring the child in for a status offense, the child is seen first by a detention officer who calls the parents and completes a records check.

If the child has had less than four contacts with the Juvenile Court, he/she is referred to the crisis counselor. The crisis counselor then interviews the child, gathering information related to the offense. When the parents arrive, the counselor interviews them. This interview can be conducted with or without the child -- depending on the circumstances surrounding the offense and the judgment of the crisis counselor. During this parent interview, the crisis counselor describes the three kinds of services available:

- referral to an appropriate agency for assistance, such as mental health;
- individual sessions with the crisis counselor; and
- a family multiple impact session with volunteer therapists.

Again, depending on the circumstances, the counselor will attempt to encourage the parents to select multiple impact therapy. If the parents

and child agree that this kind of therapy may be useful to them, the counselor asks the parents to sign a standard court release of information authorization. The counselor then divulges the names of the therapy team members to the parents and child so they can be sure that their therapists will be unknown to them. Finally, the counselor describes the family therapy agenda, location, date, and time, and gives the family a fact sheet repeating that information. The counselor tries to answer all questions that the parents or child may have in a manner intended to allay anxiety and encourage their participation in the session.

The only requirement for the youth in the program is that he/she participate with the family in the session. Occasionally a family will not appear. Generally they call the counselor and plead an emergency such as sickness or extended work hours. The counselor responds by offering transportation, a postponement, or any other service which might induce the family to attend. If this is not accepted, the session is canceled.

Once initiated the session itself cannot fail. If goals are not accomplished, recommendations might be made for individualized counseling or a range of alternative options available through the court. The status offender, however, is not penalized for an unsatisfactory therapeutic experience.

THERAPY SESSION PROCEDURES

The procedures for the abbreviated multiple impact family therapy approach used in Clark County were devised by a consortium of court planning and training staff to reflect adjustments that must be made when using volunteer therapists. Sessions are usually held from 5:00 pm to 10-11:00 pm. In general, evening hours have proved most convenient for family members and volunteers.

The therapy itself, is comprised of seven phases:

- I. Family Briefing
- II. Team/Family Introduction
- III. Team Discussion

- IV. Individual Discussion
- V. Dinner Break
- VI. Goal Refinement
- VII. Conclusion

I. FAMILY BRIEFING

Initially, the team meets without the family to discuss the problems that brought the youngster to the attention of the court. Pertinent family background is presented by the crisis counselor. Team members suggest tentative approaches to interact with the family. One member of the team is identified as the facilitator to guide the process. That person's responsibility is to make sure the group does not stray too far from the goals and tasks that are developed for the session. This briefing takes approximately 30 minutes.

II. TEAM/FAMILY INTRODUCTION

The facilitator meets with the family and referring crisis counselor alone to discuss what is expected from the evening session. This further prepares the family for the session and helps reduce any unusual anxiety about the process. This informal introduction takes from five to ten minutes. The next phase is to introduce the family to the team and the team to the family. After this has been accomplished, the facilitator identifies several ground rules for the evening. They include:

- Confidentiality.
- Openness and honesty.
- An agreement that no one leaves until the session is complete.
- The family is encouraged not to use things said during the evening against one another in the future.
- Everyone is encouraged to express himself without interruption from others.

The facilitator then clarifies with the family their understanding as to why the family is in the counseling session. The purpose of this first phase is to clearly establish the goal of the counseling session and to prevent discussing other problem areas that are not related to resolution of the established goals.

III. TEAM DISCUSSION

After this is accomplished, preliminary information about the family and its interactions is gathered. The focus is on the family instead of on the child who brought the family to the juvenile court. This first phase may last from five minutes to one hour, depending on the content of the interaction between the family and team members.

A short break of five to ten minutes follows, where team members meet to discuss the information gained, share observations, and speculate on the functioning of the family system. Another purpose of the break is for each team member to choose a family member to see next in a one-to-one interview. Each family member and a team member meet privately in a closed room. If there are more team members than family members, one or more team members may act as a floater to go from interview to interview, or two members may see one family member together. The facilitator goes from interview to interview so he/she can maintain an overview of the counseling process.

IV. INDIVIDUAL DISCUSSION

Exploration of the family's problems and solutions as seen by that particular member are discussed. Discussion with the parents is related to family background, such as length and stability of marriage, each specific youngster's role in the family, and parental expectations. If something is disclosed that is identified as being potentially unknown by other family members, the family member is asked if he or she is willing to share it or if the team member can share it in later sessions. If not, confidentiality is preserved. These individual sessions usually last one hour.

V. DINNER BREAK

Following the individual session, the team and family meet briefly to inform the family that there is an hour dinner break. The family is encouraged to go to dinner and discuss any issues that have been identified. The family is told that the team will be meeting during the dinner hour to discuss methods of goal attainment based on the information gained in the individual interviewing. All pertinent information

is shared. Any particular family member's need to keep some material confidential is respected. Tentative approaches to meeting the previously defined goal for the session are discussed. The team determines the intervention procedure to be used when the family returns. The nature of the intervention is determined by the goal for the evening and the strengths and weaknesses of the family system.

VI. GOAL REFINEMENT

Variations for the goal refinement process include:

- Continue individual sessions, with the same or a different team member.
- Overlapping sessions (team members and/or father and mother, daughter and father, or siblings, etc.)
- An additional series of overlapping sessions.
- A large group meeting.

VII. CONCLUSION

In the final phase of the session the family and the team meet together. Team members share with the family what they collectively learned about the family's functioning. The strengths and weaknesses of the family system are emphasized. This sharing can be done in various ways, but one effective method is to gather the team members together in a circle with the family sitting on the outside while the team members talk freely with each other about the family. Later, the family is asked to join this discussion. During this discussion, concentration involves resolution of the goal for the evening. The team encourages the family to make definite decisions regarding the actions they plan to take.

After a sufficient period has elapsed, the facilitator encourages closure and task assignment. Tasks may be assigned either to the entire family unit or to specific individuals. Task assignment may center around issues such as:

- pursuit of family-oriented activities,
- additional counseling,

- financial management,
- dependency on alcohol, and
- improved communication between parents.

The team assures the family that it is capable of accomplishing these tasks and dealing with any future issues which may arise. Finally, the family is encouraged to express feelings they may have about the therapy session, and is directed toward additional available resources in the community. The session is then concluded.

SECTION IV: MANAGEMENT INFORMATION FOR COMMUNITIES INTERESTED
IN ADAPTING OR TRANSFERRING THE CLARK COUNTY MODEL

INTERNAL VOLUNTEER PROGRAM MANAGEMENT

The volunteer coordinator recruits and screens the volunteers. The consultant/trainer designs the orientation and training specifically to the Family Crisis Intervention Program. Scheduling, documentation, and monitoring is provided by the crisis counselor to whom the case is assigned. This kind of management approach has met with success in Clark County.

APPROPRIATE STAFF PATTERN

To staff this program adequately, the following positions and/or personnel resources are required:

- one part-time volunteer coordinator
- one crisis counselor
- ten to twenty volunteer therapists (depending on the number of referrals and volunteer availability)
- one part-time trainer (this may be contracted out as was done in Clark County)

- one aide to schedule teams, record sessions, and maintain records. (In Clark County, these functions are divided between two volunteers. Other programs might want to use a full-time CETA position or divide these functions among one or more clerical aides, depending on their workload.)

(See Appendix A for a chart of the volunteer project staffing pattern.)

FACILITY

Since Family Crisis Intervention requires simultaneous private interviews with each family member as well as group sessions, a large facility with a group area and several private offices is needed. Clark County uses a church fellowship hall which is roomy, furnished with comfortable easy chairs, has adequate parking facilities, and is centrally located. The church donates this space to the program; an added economy which meets the program's needs.

PROGRAM TIMETABLE

Based on the Clark County, Washington experience, the following timetable is suggested:

<u>Activity</u>	<u>Time</u> <u>(in months)</u>
Analyze needs and develop program outline	1
Design and write program description.	2
Submit proposal	3-12
Recruit and hire crisis counselors (if staff unavailable)	1
Familiarize counselors, confirm facility, recruit, screen and train volunteers	5

When these steps have been completed, it is reasonable to assume that a ten to twelve month trial period is necessary to iron out unexpected problems. During this time, staff can assess whether the component is acceptable to the proposed target group, and can familiarize volunteers, court personnel, and social service support staff with the strengths and

limitations of the approach. After two years, the volunteer Family Crisis component should be fully integrated into the juvenile court's operations.

START UP PROBLEMS

Two concerns that surfaced in the first year of the Clark County Family Crisis Intervention Program are:

- the need to increase the attendance of the family members who are reluctant to participate; and
- the ability to provide an easier method of scheduling volunteers and families for a particular session.

These problems are not insurmountable, however, and can be addressed through continued staff attention to this volunteer component.

REPORTING

The volunteer does not have any reporting responsibilities in terms of the therapy session itself; this is handled by a designated recorder whose only task is to document the therapeutic process. However, the volunteer is expected to confirm arrangements with the crisis counselor when asked to participate in a session.

A second aspect of the reporting question concerns confidentiality and legal rights. The client/participants have been identified to the volunteers and vice versa to protect each group from a potentially awkward situation where a neighbor, friend, relative, co-worker, or other acquaintance may be providing services or revealing problems inappropriately. In addition, the volunteer team members have access to social histories and other data just prior to the session. During the session, volunteer therapists learn a great deal about the personal lives of each family member. To protect program's integrity, it is imperative that the strictest confidentiality be preserved. To date, Clark County has not experienced any problems with violations of the confidentiality rule. One potential problem area, the revelation of incriminating information during the therapy sessions, has not surfaced

to date. Accordingly, the court has not developed a policy to deal with it.

While making preliminary arrangements for each therapy session and during the session, the team members are in constant contact with the crisis counselor. Oral communication is free and unimpeded by red tape. The crisis counselor has the general responsibility for maintaining files on each therapy session and on each team member. By recording observations about each volunteer's strengths and limitations in the session, the counselor is better able to create teams that respond to individual family needs. By documenting these insights, the crisis counselor increases the odds for a productive therapy session.

EVALUATION

The evaluation design compared those youth who had participated in Family Crisis Intervention to a randomly selected control group. Crisis counselors determined that they wanted to offer the new program, developed as a part of a national evaluation of a large status offender program in the Clark County Juvenile Court, to clients from the experimental group "most in need." These were considered the most dysfunctional families, where the most commonly presented problems included the refusal of either parent(s) or youngsters to reunite. The control group received the traditional probation and casework services (provided by the Washington Department of Social and Health Services).

The group of experimental subjects receiving Family Crisis Intervention (thirty by the first eleven months of the project) had one return to the Clark County Court. One youngster was referred to a California Court for a status offense. This resulted in a 7.0 percent recidivism rate compared to 19.8 percent recidivism in the control group. The number of youngsters in Family Crisis Intervention is too small compared to the large number in the control group to justify statistical tests at this time.

Informal follow-ups have indicated that families are working on the problems and are in much better control of the situation for having participated in family crisis intervention. (See Appendix C for case studies.)

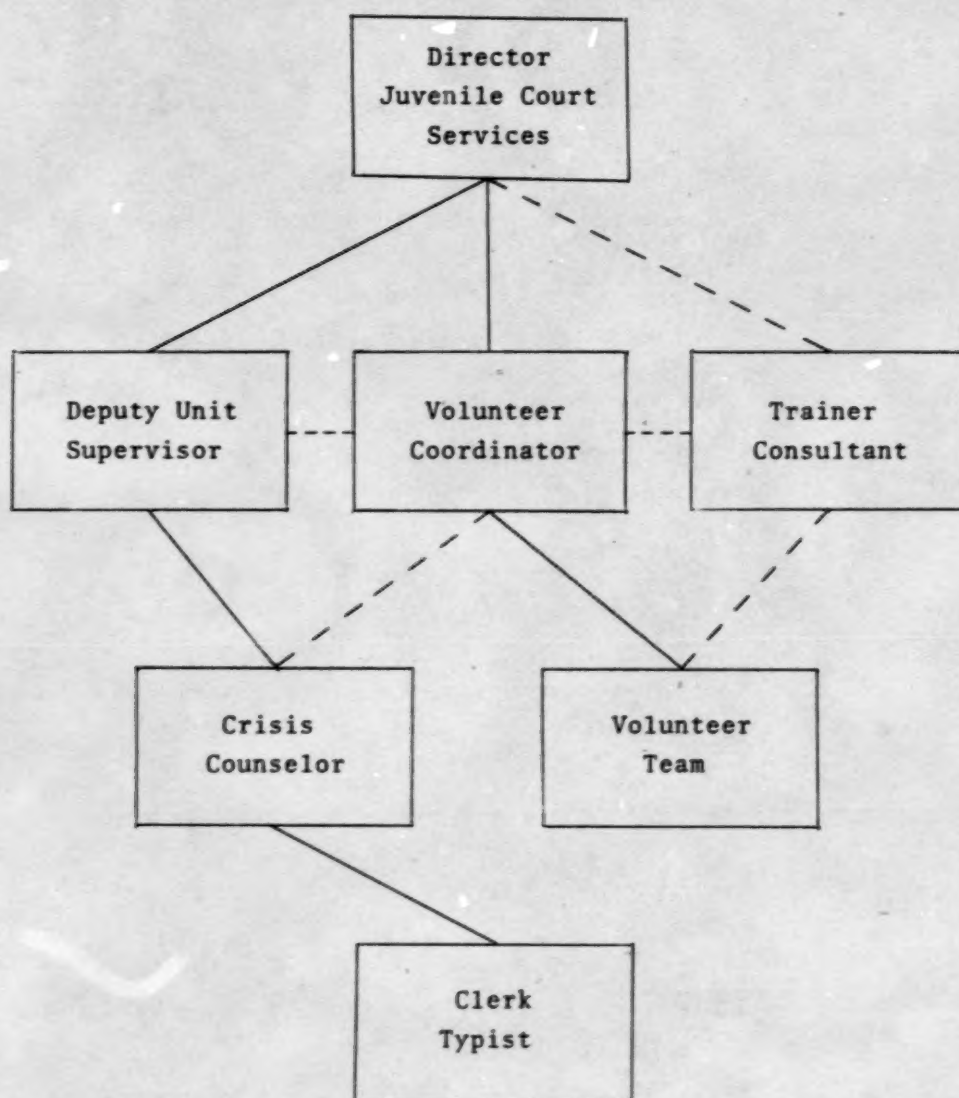
CONCLUSION

Although the Family Crisis Intervention method as developed and utilized by Clark County is still in its infancy, both recidivism rates and reports of parents and volunteers indicate that it is a success so far. This alone, however, is not the only factor that recommends the component for transfer to other sites. Because it functions primarily through the work of volunteers rather than paid professionals, this unit is relatively inexpensive to set up and operate. In addition, because the volunteers are actually integrated into the court's activities and not simply confined to a separate outside office, they are accorded both a stature and recognized role which has enabled their interaction with court personnel to be highly productive. Finally, with some modification and adjustment to the environmental constraints of locales, comparable units can be developed in many diverse types of communities.

In sum, the Clark County Family Crisis Intervention model offers planners attempting to design programs for status offenders an inexpensive and potentially effective model for modifying the dysfunctional family systems which prompt youth to generate socially unacceptable behavior.

APPENDIX A

CLARK COUNTY, WASHINGTON
FAMILY CRISIS INTERVENTION ORGANIZATION CHART



APPENDIX B

JOB DESCRIPTION

TITLE: Family Crisis Intervention Volunteers,
Clark County Juvenile Court

QUALIFICATIONS:

Education: Minimum Bachelor's degree in human services with some counseling experience.

Personal: Skillful in interpersonal relations, mature, sensitive, able to work in group setting.

Time Commitment: Six months to one year.
Eighteen hours for initial training.
One or two six-hour sessions per month.

Training: Provided by Mr. Rob Roy, M.S.W.,
Portland Oregon.

Supervision: Provided by Status Offender Counselors,
Clark County Juvenile Court.

Tasks: Participate in initial training sessions.
Be a member of six-person Family Crisis Intervention team. Participate in total group process including: assessment of family interaction and problems, input to team and family.

Contact Person: Barbara Howard, Volunteer Coordinator/
Administrative Assistant
Clark County Juvenile Court
1009 Daniels Street
Vancouver, Washington
Phone: (206) 699-2466

APPENDIX C

CASE STUDIES

The following descriptions illustrate Family Crisis Intervention Therapy and are intended to give examples of how the treatment actually works. The following examples are taken from real cases; but the names have been changed for reasons of confidentiality.

FIRST CASE STUDY

Tim, a thirteen year old boy, resided with his natural mother, Jenny, and her boyfriend, Ray, along with two older sisters, Lucy (15), Tina (14), and two younger stepbrothers, Bill (6) and Jim (5). Jenny had been married twice, both marriages ending in divorce. She was employed as a bartender in a tavern. Ray was an unemployed carpenter.

Tim ran away from home for two days, hiding in the woods until he was found by the police. He was brought to juvenile detention because he refused to return home. He stated that Ray drank excessively and abused him physically. Tim stayed in Interim Care pending the impact session one day later. During the session the family established two goals: 1) To keep Tim from running away, and 2) To develop a higher level of trust among family members.

The team focused on some major areas of conflict within the family. Due to Jenny's evening job, she was away from home before the children returned from school. She left Lucy in charge of the children and expected her to prepare meals and take care of the family and household. It was apparent that Jenny avoided her family by using work and her free time as an escape. Jenny felt that without her two "good girls", the family would fall apart. Tim had not seen his natural father, who was in prison, for a long time. Bill had been diagnosed as having dyslexia (a learning disability) and did poorly in school. The team discovered that all the children resented Ray and wanted him to leave them alone. Ray and Jenny drank excessively and fought, causing a lot of unrest for the children.

Jenny and Ray admitted that their lives had excluded the children. They agreed to become more involved in family activities and to be home more often. Jenny decided to reduce her working time to three evenings a week. The team recommended that she and Ray seek alcoholic counseling and that they work more closely on managing the family. Tim was returned home and encouraged to communicate his frustration with the family. All the children agreed to talk and reduce their yelling at one another.

Follow-up indicates that Jenny did reduce her working time and is more actively involved in the family. Ray is presently employed. Tim has not returned to the juvenile court and has not run away again.

SECOND CASE STUDY

Kelly, a fifteen year old girl, resided with her natural parents, John and Betty. She had two sisters, Barbara (13) and Susan (9), and one brother, Kim (16). John was self-employed as a marine specialist.

Kelly ran away from home because, "Things were just too heavy at home and school." She was found in San Francisco and was flown back by her parents. Her parents brought her to juvenile detention and refused to take her home.

During the session, the family established two goals: 1) Better communication among the children, and 2) Less fighting between Kelly and her youngest sister, Susan.

The team noted during the session that there were several areas of conflict in the family which affected not only Kelly, but her brother Kim. Kim had just recently been adjudicated delinquent for burglary. The team observed that John rarely acted as a parent figure. His job kept him away from home for long hours, sometimes sixteen hours a day, six days a week. Betty was able to communicate that she was unable to provide proper supervision for the children and had become overwhelmed with the problems. She consequently began volunteering at the school long hours. The children argued that they used to be more like a family when their father only worked forty hours a week. It appeared to the team that the entire family suffered a great deal from John's lack of involvement. The team was able to have John explain his reasons for

working so many hours. He was under the impression that his family did not value him as much as it did their middle class life style.

As a result of the session, John agreed to become more deeply involved in the life of his family. It was recommended that Betty become less involved in her volunteer activities. Because Kelly was experiencing many school-related problems, she was encouraged to enroll in the community's alternative school. The team felt that if the family set up a work schedule, there would be less fighting.

Since the impact date, there have been no further referrals. Kelly enrolled in the alternative school and John has rearranged his work schedule.

THIRD CASE STUDY

Robert, a sixteen year old boy, resided with his natural mother, Ellen, and his stepfather, Dan. He had three sisters, Helen (17), Linda (14), and stepsister, Tammy (4). Ellen and Dan had been married for seven years. Both were employed as mill workers. Ellen had two previous marriages, both of which ended in divorce.

Robert ran away from home because his parents found out that he had altered his failing report card. Robert was brought to juvenile detention and refused to return home stating that he wanted to be out on his own and away from his nagging mother. Robert was released to his mother for one week awaiting Family Crisis Intervention.

During the session, the family decided on three goals: 1) To reduce sibling fighting, 2) To achieve better communication, and 3) To create a feeling of togetherness.

The team observed that Ellen had labeled the children. She cited that Helen was a perfect person, having both received straight A's in school and having maintained employment for three years. Robert was viewed by his mother as dishonest, a poor student, and lazy. It was noted that Ellen and Dan needed some marital counseling so they could communicate better. The team recommended that the family set up a household work schedule and delegate specific duties. They encouraged the family to

use this time to talk with each other. All family members agreed that they missed the family outings in which they had once participated. Robert and Dan were encouraged to spend more productive time together.

Follow-up indicates that the family benefited greatly from the team's recommendations. Ellen stated all three children had jobs, coupled with school, and the family system was operating smoothly.